

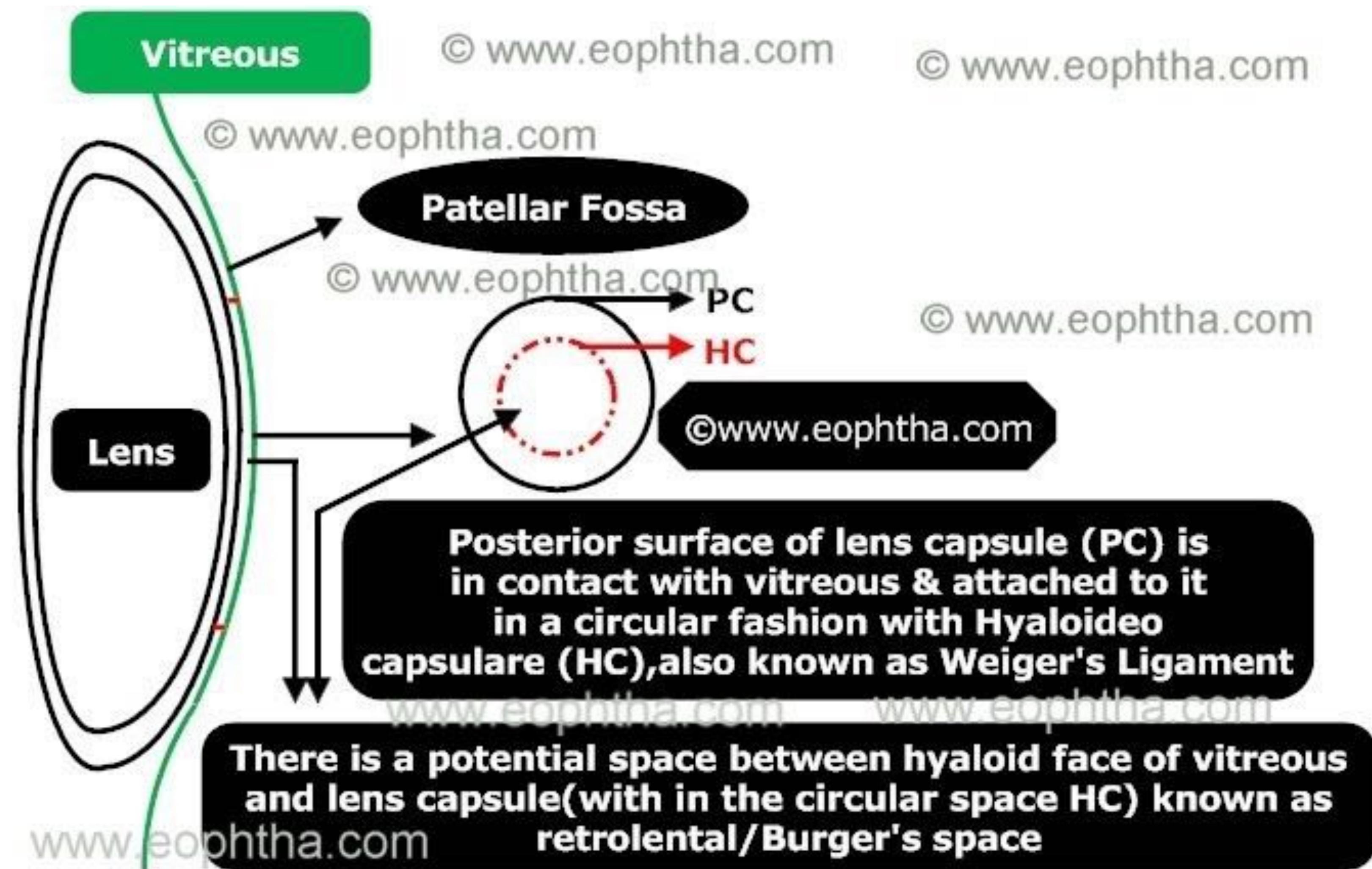
# How to deal with posterior capsule?

Khaled Abdelrahman Khalifa MD, FRCs  
EXPERTS EYE CENTER



# Posterior capsule

- PC thickness range 4-9 microns at its centre.

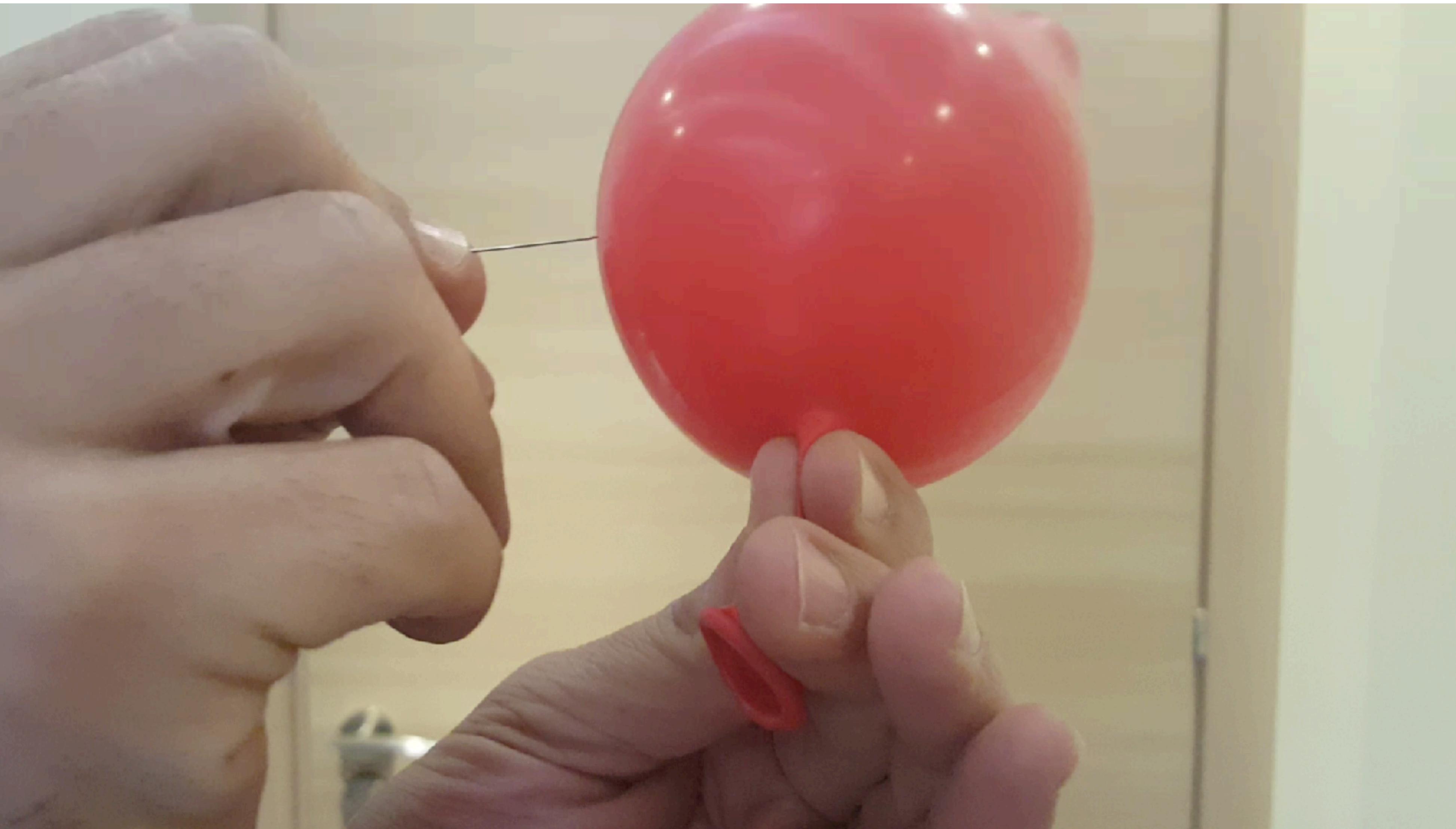


# Facts

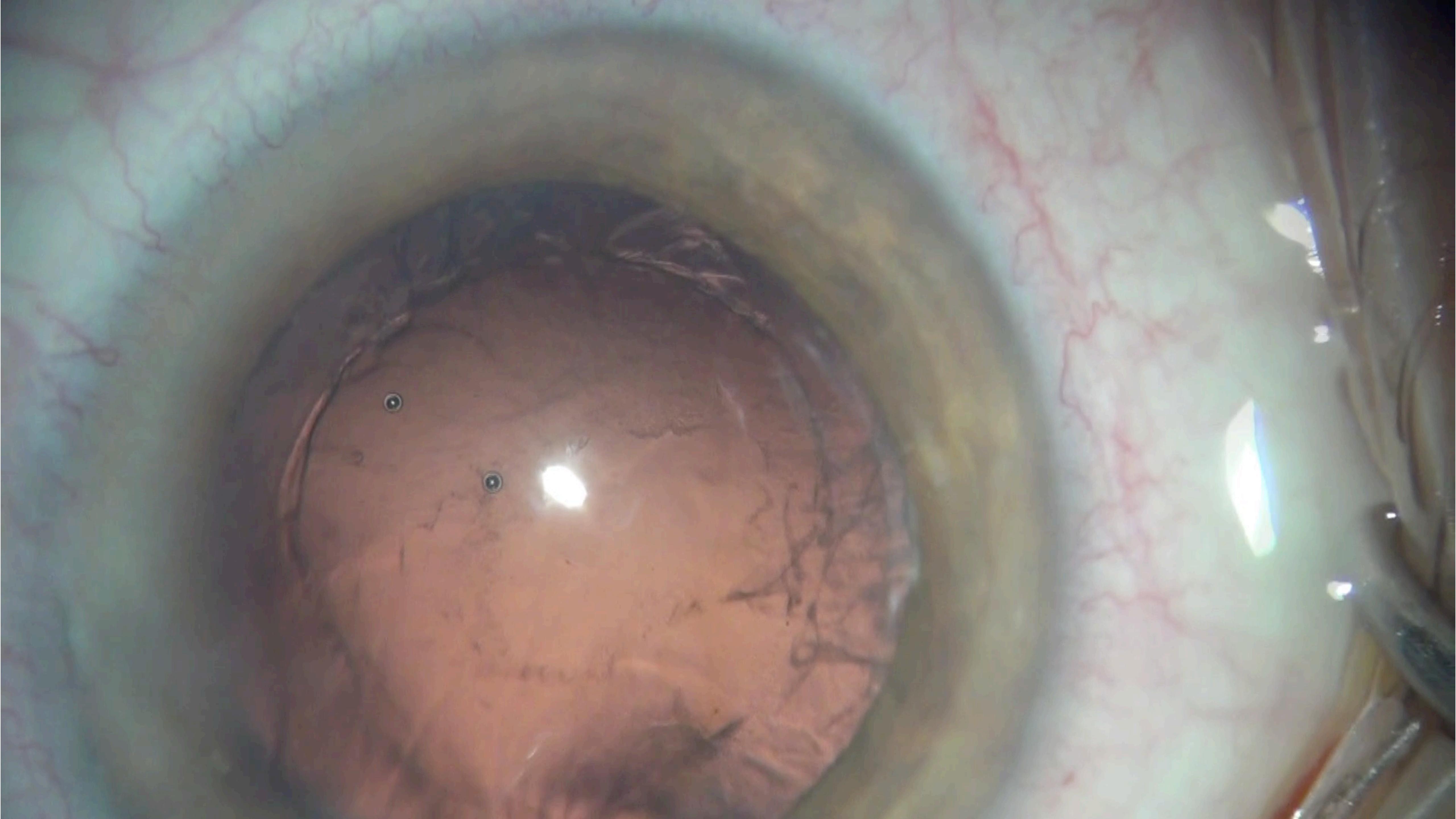
- Tense capsule rupture easily.

## Facts (balloon test)

---



# IA and capsule polish



KHALED HASH LOW  
2 - Phaco Chop

Epi  
Phaco



CDE  
2.75

Long  
0

Irr  
80  
Asp  
30  
0 17  
Vac  
330  
0 185

Tors  
35  
0

Cont Irr: Off   Vac Rise: 0   PEL: -5

 CENTURION<sup>®</sup>  
VISION SYSTEM

ALC(1/138)

Scene 1

# Membrane peeling



# Posterior capsulorrhhexis

# Posterior capsulorrhexis indications

- **Hydrophobic IOLs:** avoid future PCO.
- **Hydrophilic IOLs:** avoid fast PCO, bag collapse, reduces capsular phimosis and future ( refractive change).
- **High myopes:** future YAG increasing incidence of RD and CME.
- **Vitreous cleaning:** eg. Astroid hyalosis.

khaled a. Khalifa

0

C.D.E.  
0.00

Irr  
80  
Asp  
25  
Rise  
0  
Vac  
475  
0

INFINITI  
AEGON<sup>72</sup>  
Scene 1

# Hydrophobic IOLs

khaled A. Khalifa

Ozil

0 2

C.D.E.  
0.00

Ampl  
0 30

Irr  
80  
Asp  
30  
0  
Rise  
0  
Vac  
0 330

INFINITI  
Aeon<sup>®</sup>  
Scene 1

# Hydrophilic IOLs and capsule tension ring

Khaled A. Khalifa

0

C.D.E.  
4.15

Irr	80
Asp	40
0	Rise
0	0
Vac	550

INFINITI  
Aeon<sup>®</sup>  
Scene 1

# Anterior vit. cleaning

khaled a, hashem

0

C.D.E.  
3.47

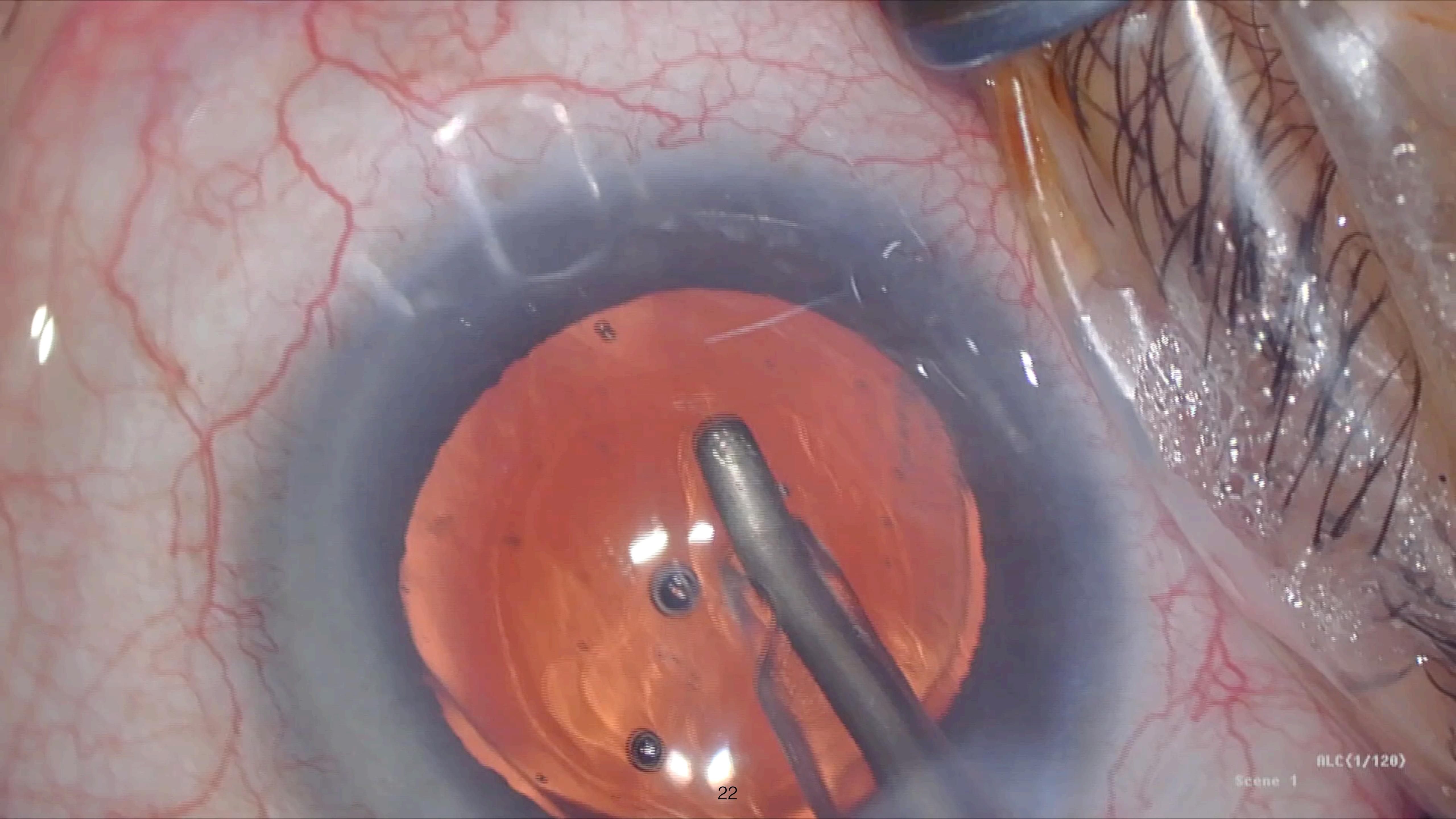
Irr	78
Asp	10
0	0
Rise	0
Vac	20
0	0

INFINITE  
Aeon

# iatrogenic conditions



# Safe OVDs removal



# Take home message

- Dealing e posterior capsule is tricky and challenging but possible.
- Remember some times lax better than tense.

# THANK YOU